Name in Full

Certificate of Death

Mary Elizabeth Borress

Died at Town: Rocks Creek County: Somerset, MARYLAND

Date 189 Month: 9 Day: 6 | Age Y. M. D. | Native of | Occupation

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Ole Borress

Father's Name

Mother's Name

Cause of Death { Primary: Shot 145a | Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Salisbury Advertiser 9-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Allan Morrison Jones

Certificate of Death

Died at Town County Somerset MARYLAND

Date 189 8 Month Sept. Day 12 Age Y. M. D. 9 Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Prof. J. S. H. Jones. Mother's Name ~~Mrs~~

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by The Chestertown Transcript

Address Sept. 15th

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full

Certificate of Death

Colonnie Morgan,

Died at Town Crisfield County Somerset MARYLAND

Date 189 8 Month 9 Day 27 Age Y. M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Consumption 22a How long sick

Immediate Accident, Suicide, Homicide

Reported by Crisfield Times 10-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name in Full Grace Muir

Certificate of Death

Died at Town Upper Fairmount County Somerset MARYLAND

Date 1898 Month 9 Day 2 Age Y. 14 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Typhoid Fever 1 How long sick 28 days

Immediate

Accident, Suicide, Homicide

Reported by Granville E. Dickinson

Address Upper Fairmount Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65958